

Name
in
Full

Tony Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Age 2	4	—		
Married, Single or Widowed			Occupation	Birth-place	Baltimore		
Name of Wife or Husband			—				
Father's Name	P. K. Adams			Father's Birthplace	—		
Mother's Maiden Name	Sarah Adams			Mother's Birthplace	—		
Name of person giving Information	Lewis Adams			How related to deceased	—		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheritic Cough

How long

Immediate

2 days

Are the name, age, sex, color, date and place correctly given above?

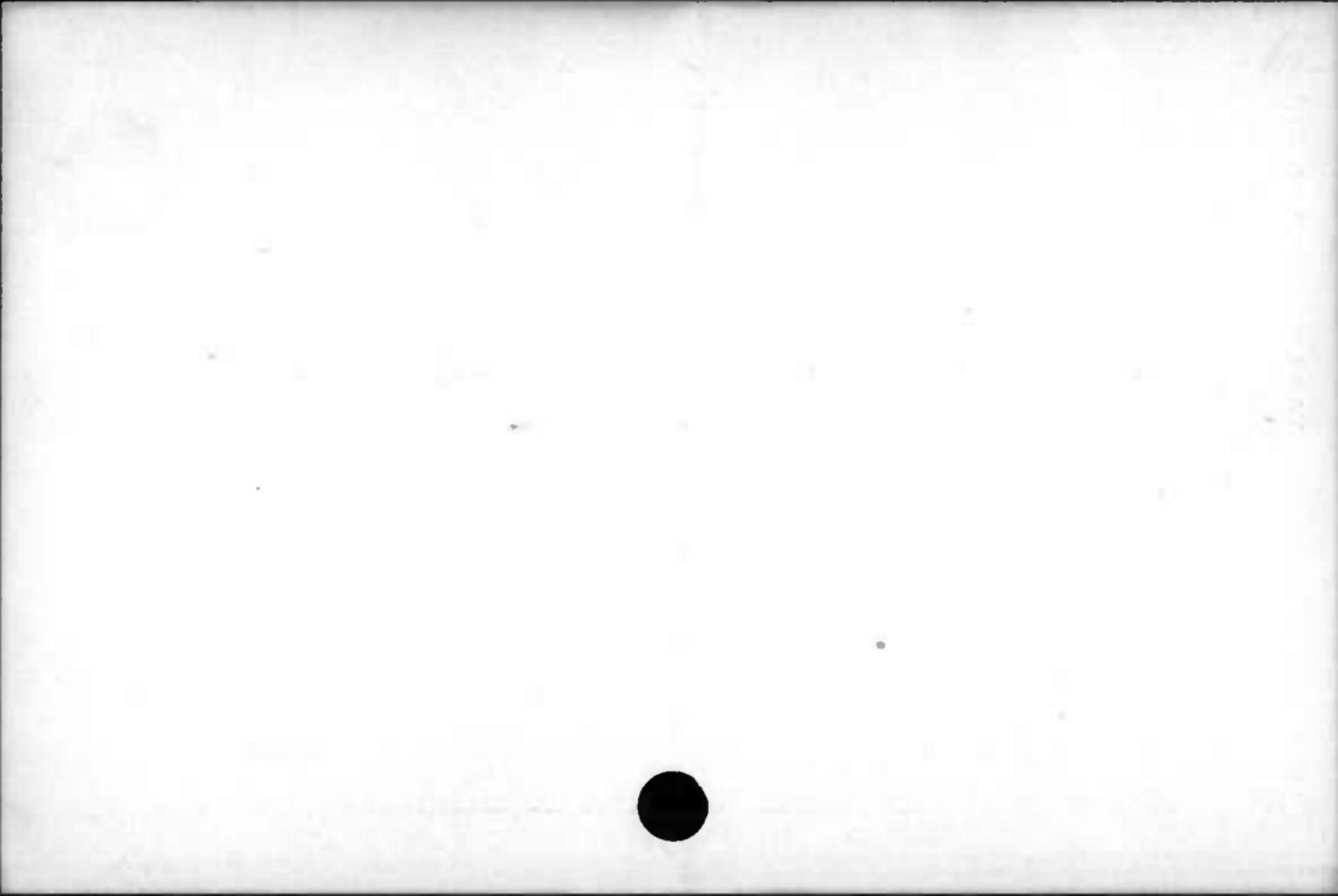
yes

Signature of Physician

Address

Dr. Selby
Egleton & 10th

Accident or Suicide?



Name
in
Full

Mathew Bittinger X

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth- place	Bettiner		
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Newton Bittiner		Father's Birthplace	Bettiner		
Mother's Maiden Name	Martha Park		Mother's Birthplace	Accident		
Name of person giving Information	Ira Sures		How related to deceased	none		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

cholera infantum

How long

nine days

Immediate

" "

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

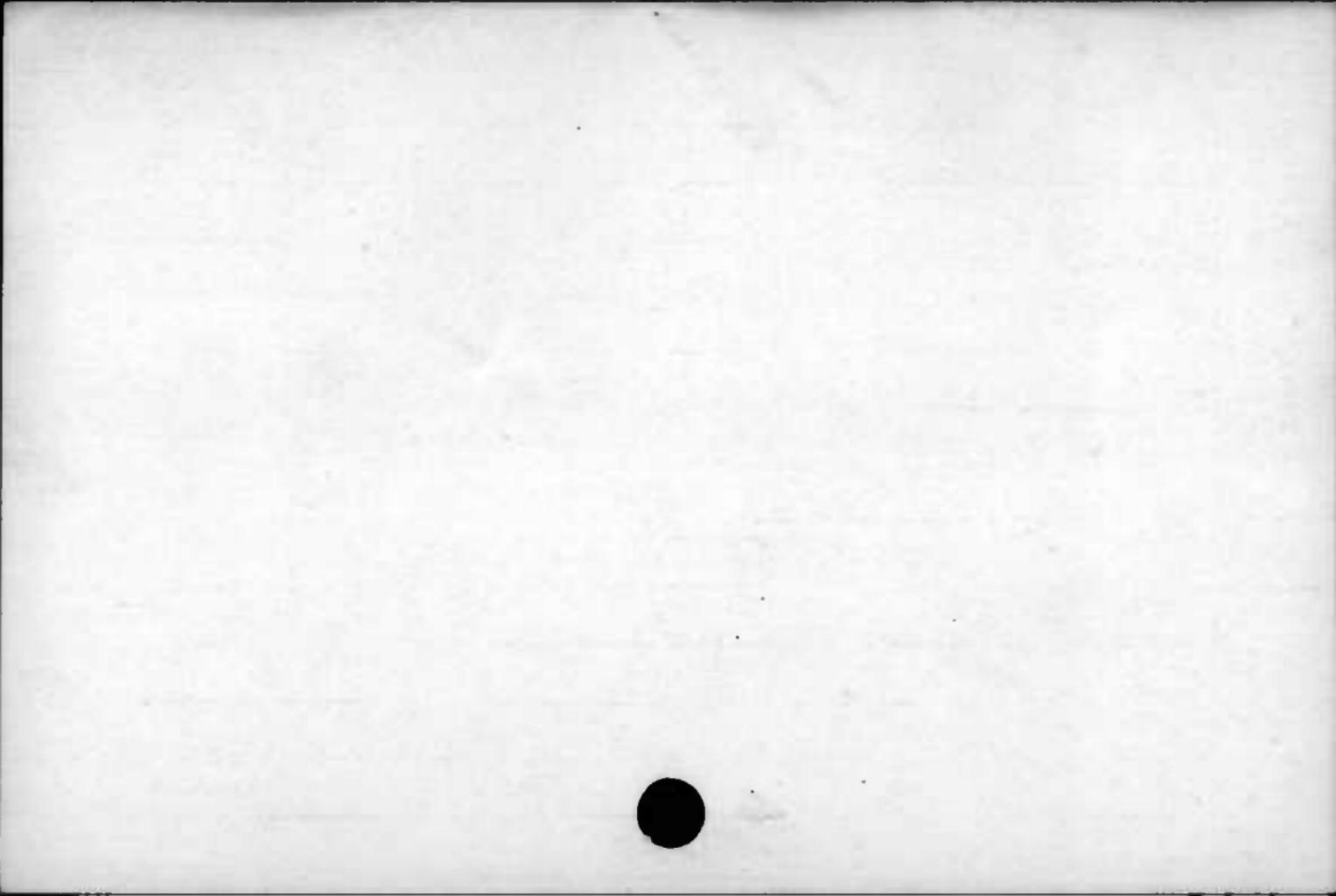
Address

Accident or Suicide?

I

of my knowledge

N.B. Rogers
Accident
Maryland



Name
in
Full

X infant Rody

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex	Color or Race	Age	still born Rody		
Married, Single or Widowed	Occupation	Birth-place	Near Brooklyn		
Name of Wife or Husband	—				
Father's Name	Walter G Rody				
Mother's Maiden Name	—				
Name of person giving information	E J Govey				
CAUSES OF DEATH					
Primary	still born			How long	
Immediate	—			How long	

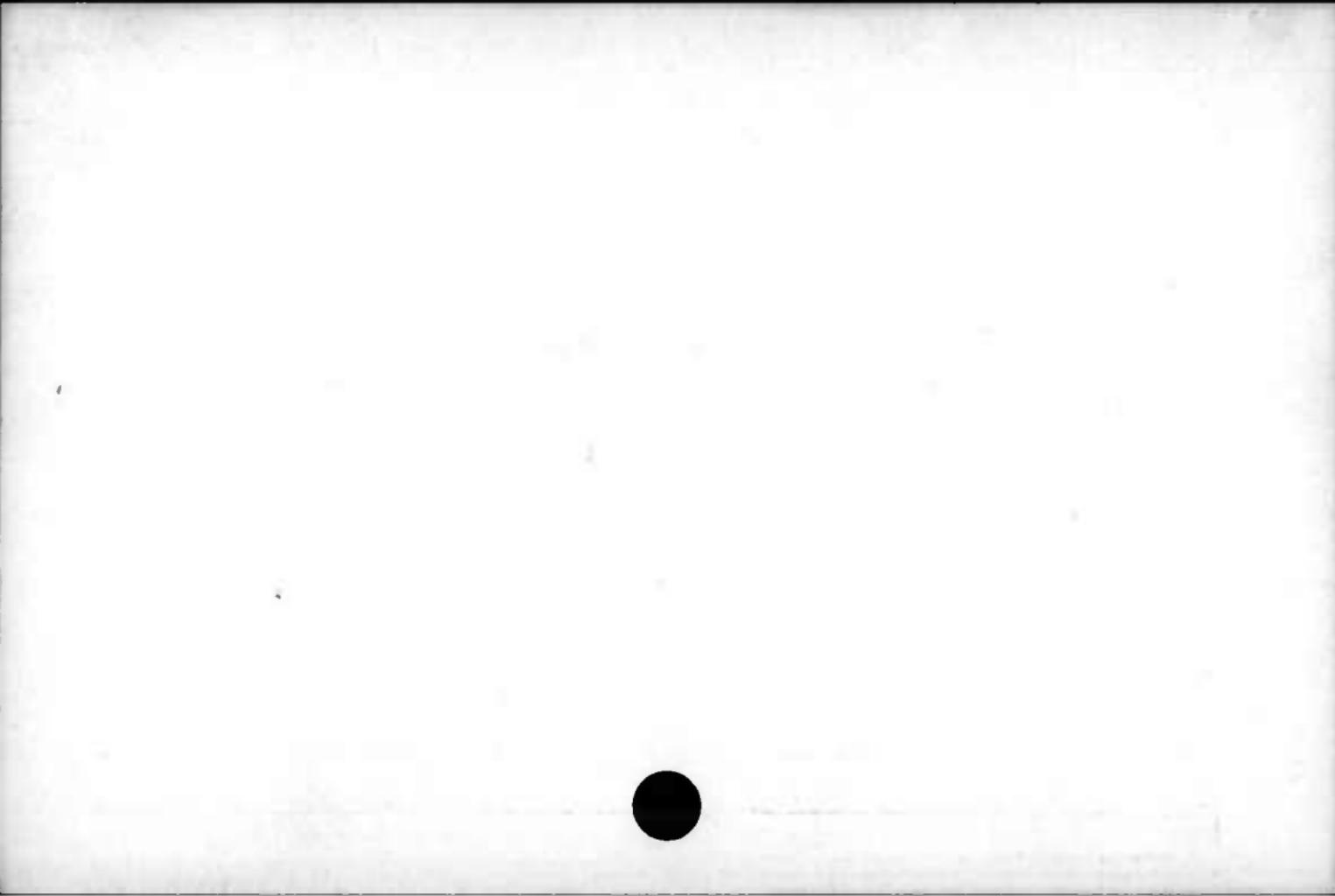
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Elisabeth Aeare

CERTIFICATE OF DEATH

Died at Friendsville

Town

County

Garrett

MARYLAND

Date
of death 1903

Month
June

Day
29

Years
57

Months
1

Days
10

Sex Female

Color or
Race white

Birth-
place Pa

Married, Single
or Widowed

Married

Occupation

House wife

Name of Wife or
Husband

John H Aeare

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

John H Aeare

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

Suicide by drowning

How long

Are the name, age, sex, color, date
and place correctly given above?

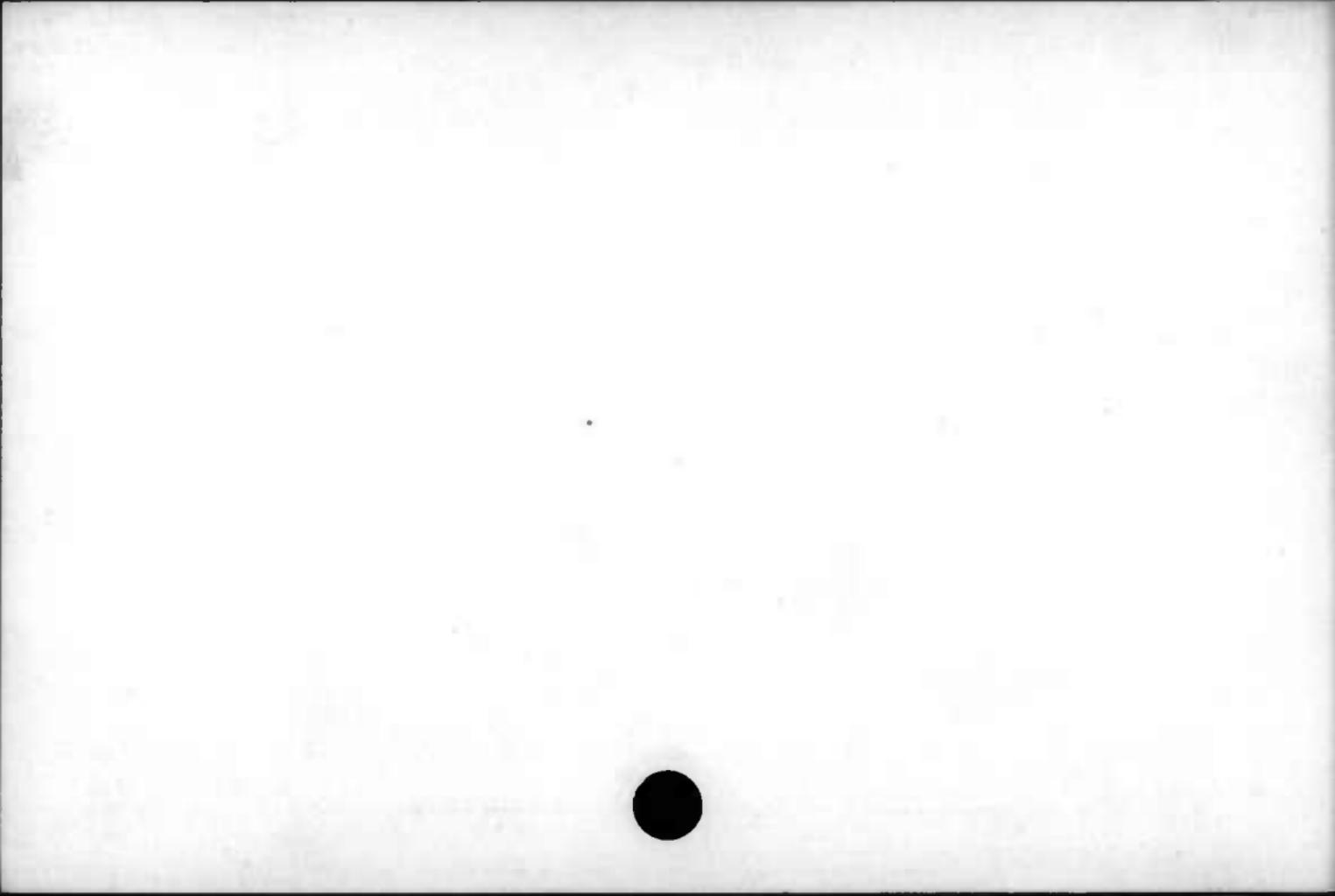
yes

Signature of
Physician

Address

S. Savage Undertaker
Friendsville Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

<i>John Walter Kiser X</i>				CERTIFICATE OF DEATH		
Died at <i>Bucknall</i>		Town	County <i>Garnet</i>		MARYLAND	
Date of death 190	Month <i>June</i>	Day <i>10th</i>	Years	Age	Months <i>11</i>	Days <i>26.</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birthplace <i>Ind</i>				
Married, Single or Widowed	Occupation <i>Infant.</i>					
Name of Wife or Husband						
Father's Name <i>James Kiser</i>	Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary Chisholm</i>	Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>Isaac Daugh.</i>	How related to deceased <i>son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute cold q3

How long

about 3 days

Immediate

Pneumonia

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

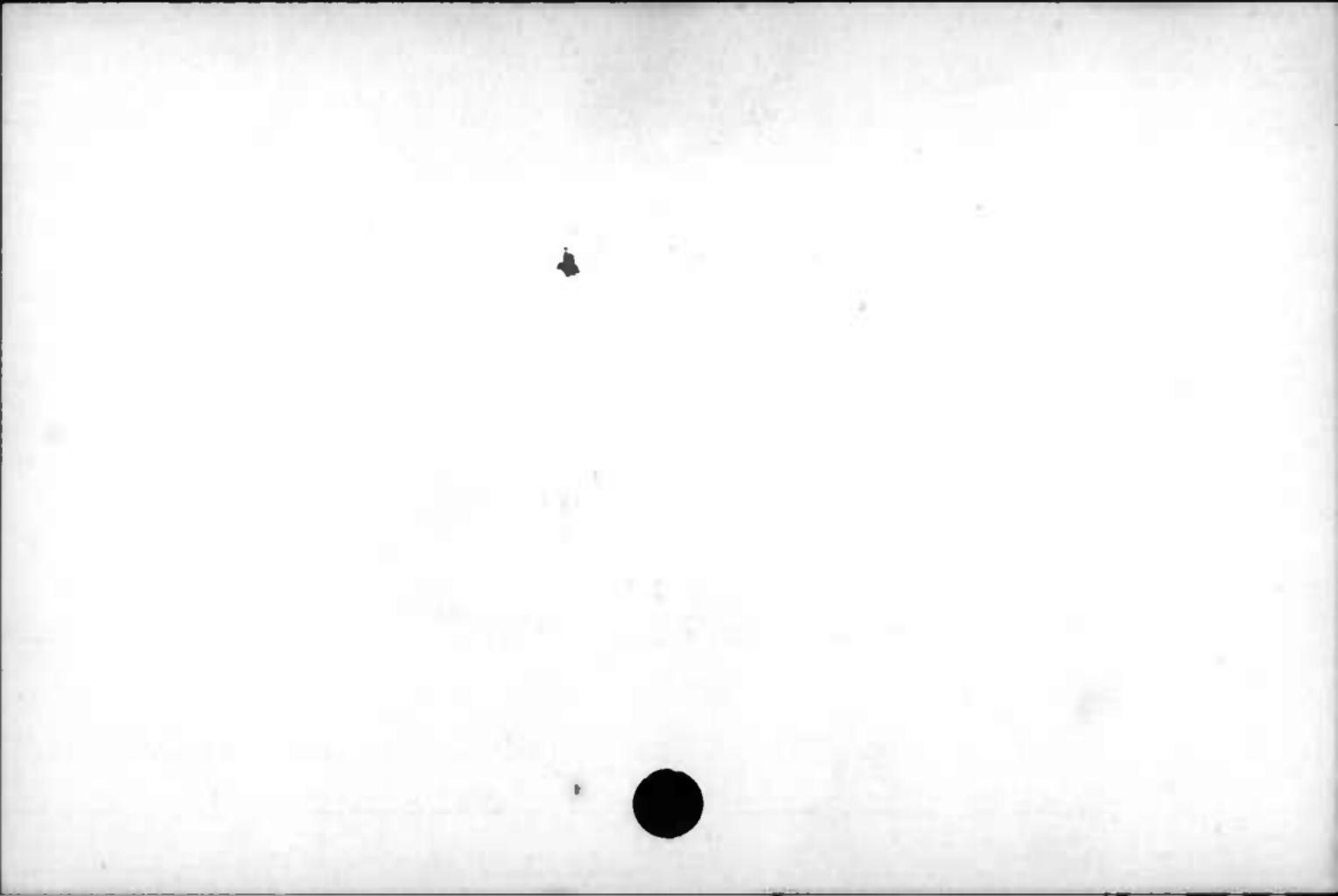
yes

Signature of Physician

Address

*Ossenbaker M.D.
Scranton Ind.*

Accident or Suicide?



Name
in
Full

Walter Kersner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

Jan

11

1

Age

Sex

Color or
Race

Male

White

Birth-
place

Swanton

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Father's
Birthplace

Mo

Mother's
Birthplace

Mo

How related
to deceased

now

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

8 days

Immediate

93

How long

—

Are the name, age, sex, color, date
and place correctly given above?

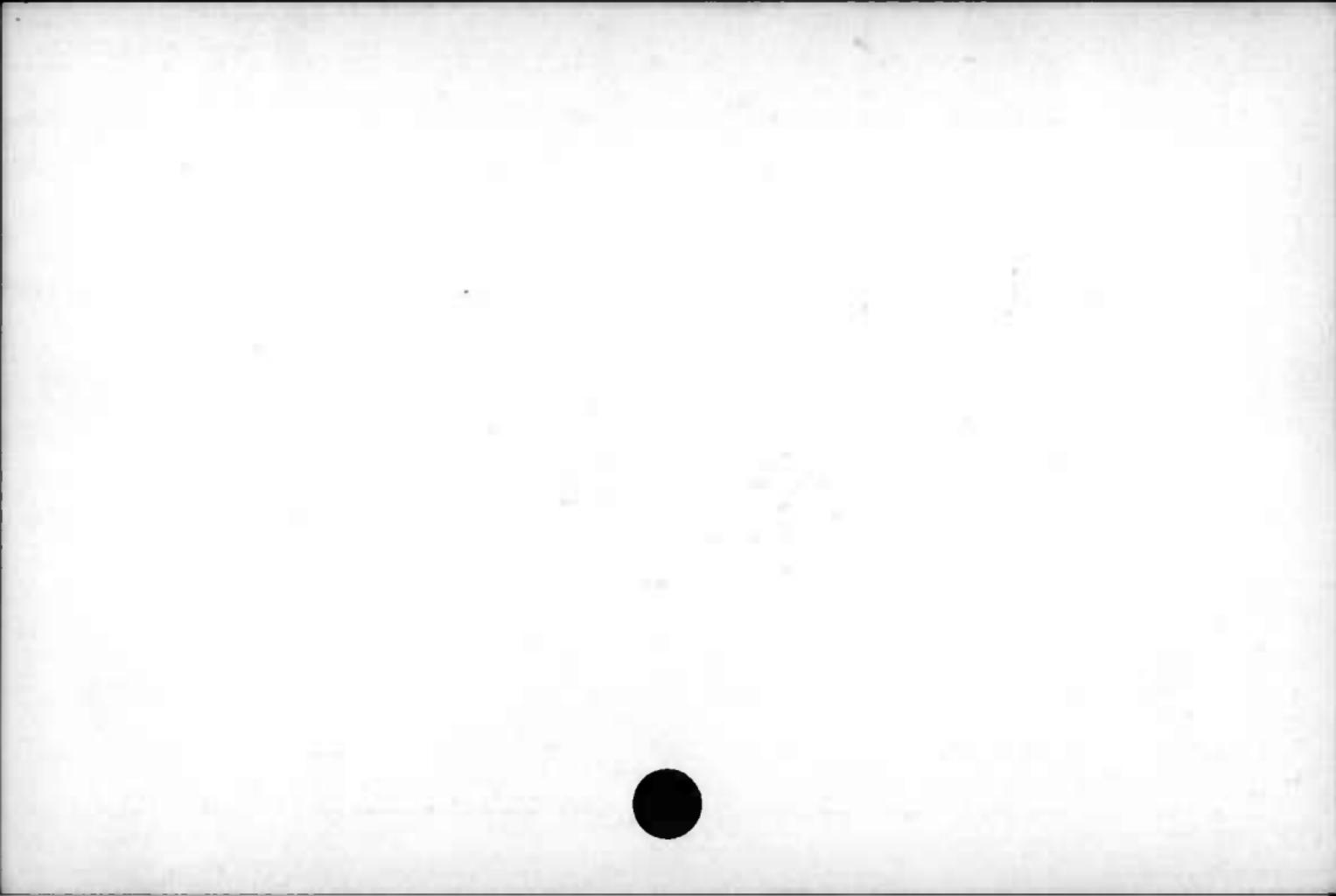
Signature of
Physician

Address

67 Kegentree, Md

Swanton

Accident or Suicide?



Name
in
Full

Alexander Maloney X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Dur Park</u>		Town	County	MARYLAND		
Date of death 1903	Month 6	Day 1	Years 24	Months —	Days —	
Sex male	Color or Race white	Occupation	Fireman (R.R.)			
Married, Single or Widowed married						
Name of Wife or Husband						
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving Information	166					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary accident on Rail way How long

Immediate How long

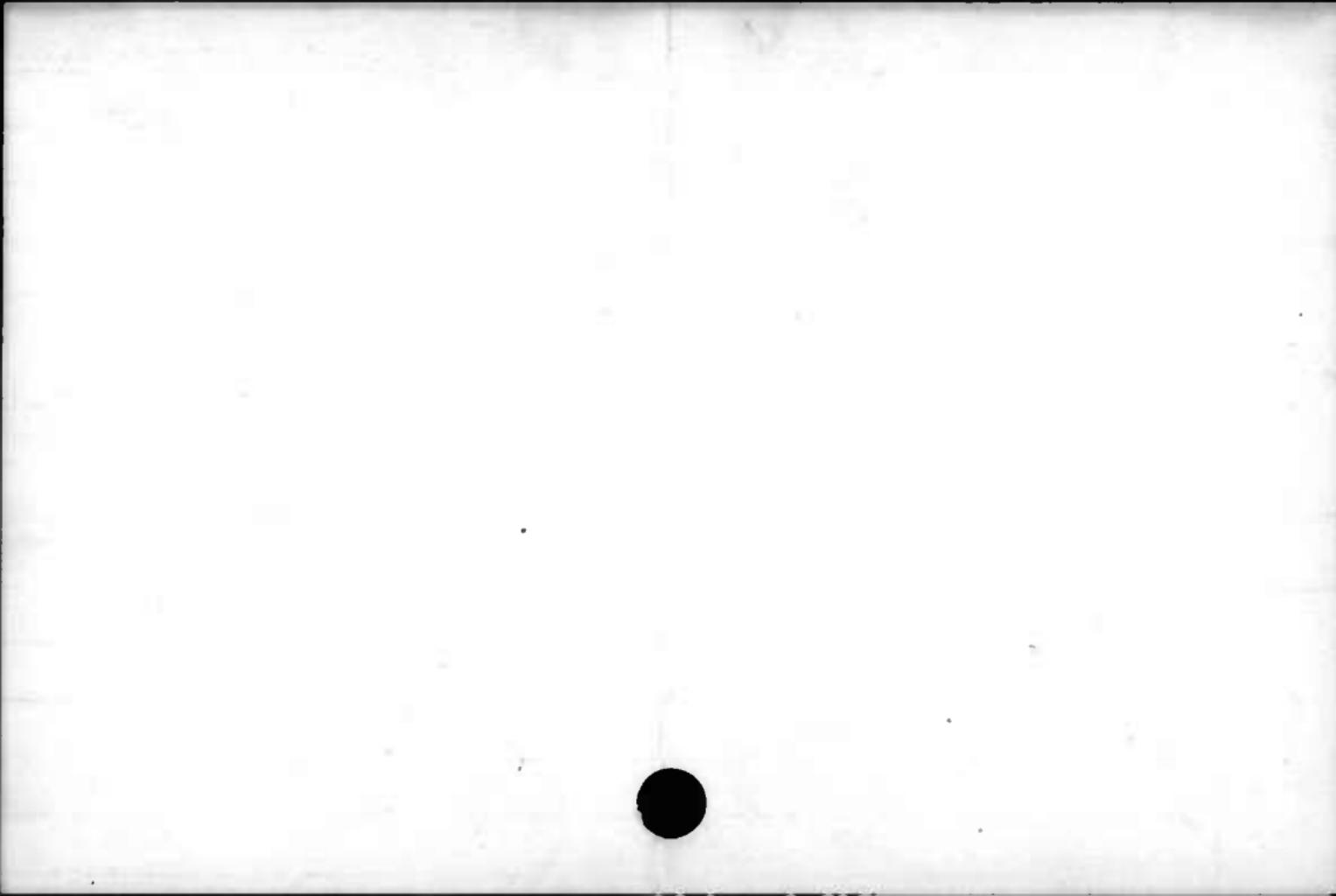
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W J Corning
Corning

Accident or Suicide?



Name
in
Full

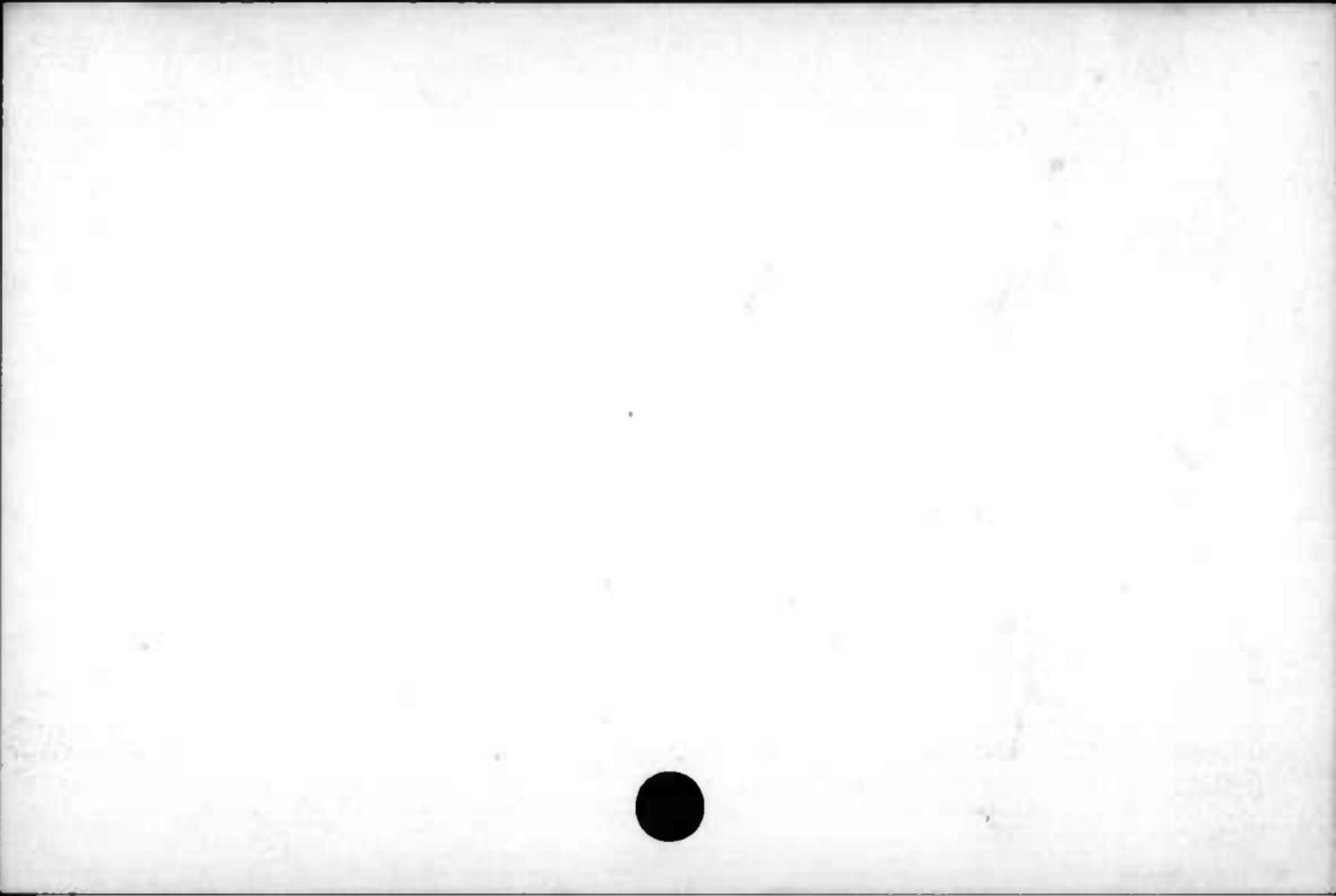
To BE ANSWERED BY
NEAREST FRIEND

<i>Katherine Lee D'Amato</i> X					CERTIFICATE OF DEATH	
Died at <i>new jersey</i>		Town	County <i>Gloucester</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>June</i>	Day <i>1</i>	Years <i>72</i>	Months <i>0</i>	Days <i>0</i>	
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Baltimore</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Richard Bela Murphy</i>						
Father's Name <i>John</i>	Father's Birthplace <i></i>					
Mother's Maiden Name <i></i>	Mother's Birthplace <i></i>					
Name of person giving information <i>Frank Murphy</i>	How related to deceased <i>son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

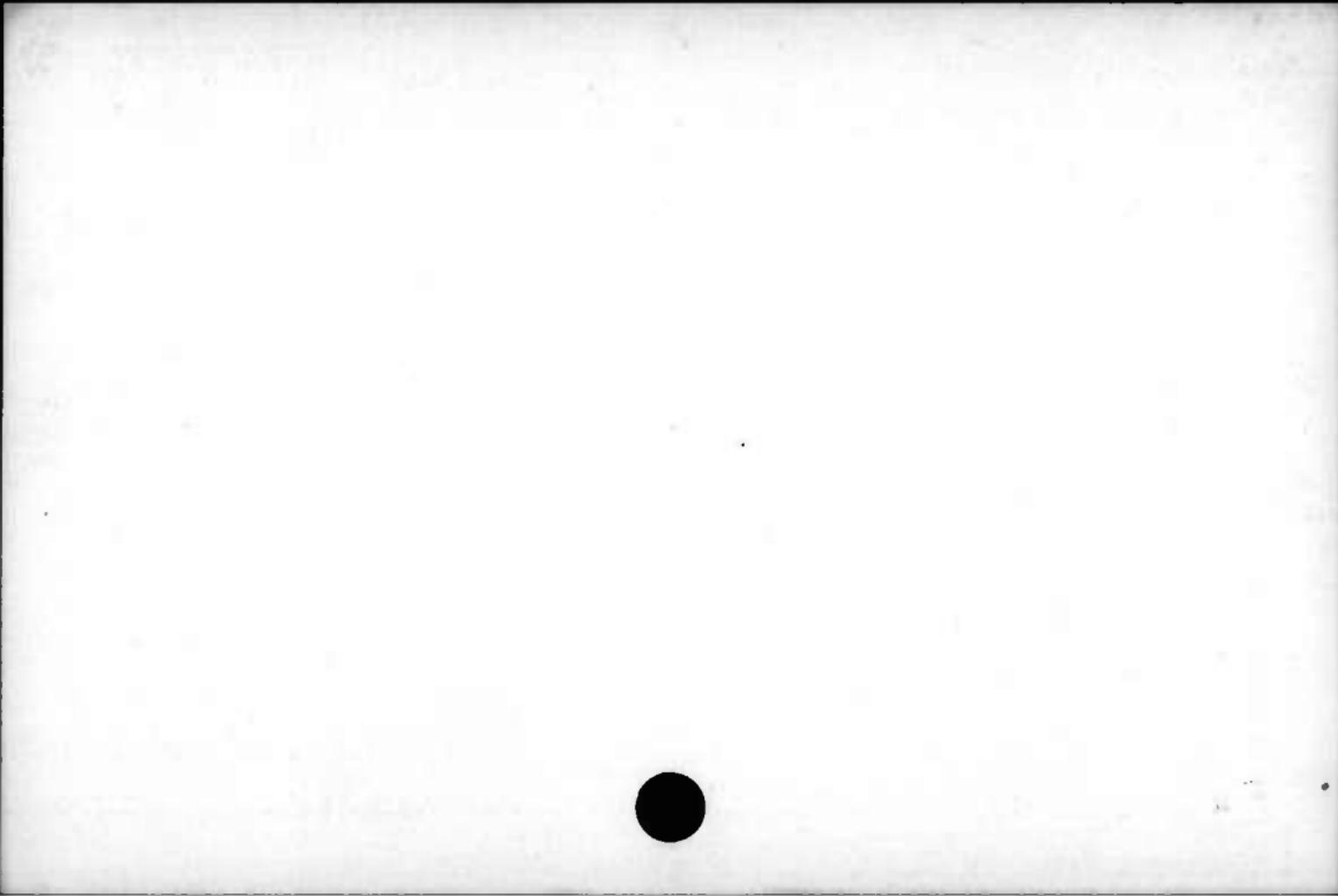
Primary <i>triflow</i>	10	How long <i>one week</i>
Immediate <i>Pneumonia</i>	10	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Leachman</i>	Address <i>Clarkdale</i>
Accident or Suicide?	<i>not</i>	



TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Johns Hopkins</u>		Town <u>X</u>	County <u>Sorrells</u>	MARYLAND		
Date of death 190	Month <u>June</u>	Day <u>6</u>	Years <u>1</u>	Months <u>8</u>	Days <u></u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation <u>not a P. and</u>				
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	<u>Joseph Rothman</u>			Father's Birthplace	-	
Mother's Maiden Name	<u>Jordan</u>			Mother's Birthplace	-	
Name of person giving Information				How related to deceased		
CAUSES OF DEATH						
Primary	<u>Measles</u>			How long	<u>3 days</u>	
Immediate	<u>Pneumonia</u>			How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
			<u>M. C. Harebough</u>			
			Address			
			<u>Oxon Hill</u>			
Accident or Suicide?			<u>MD</u>			

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Name
in
Full

Isaac Spiker X

CERTIFICATE OF DEATH

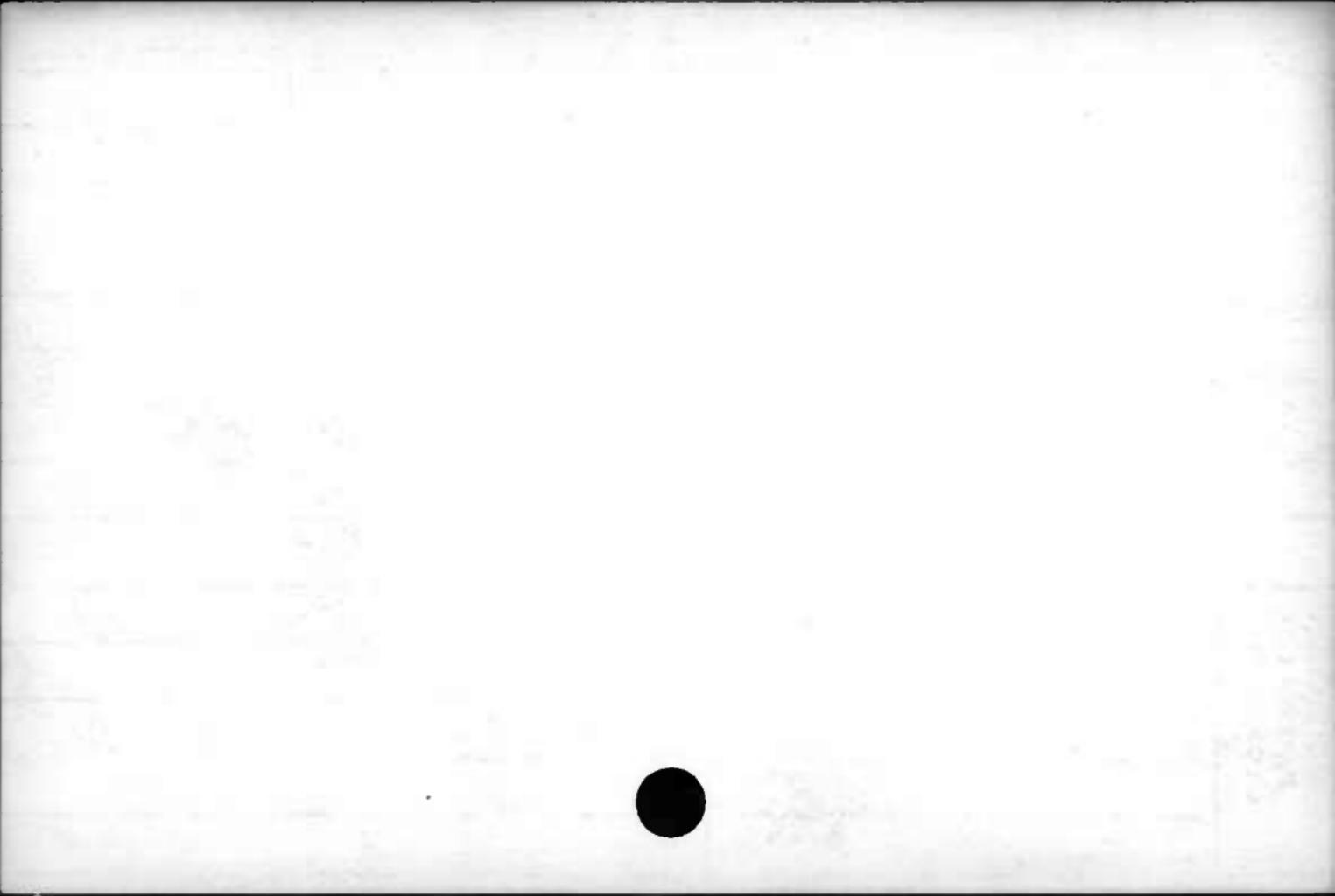
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	White	Occupation		Birth-place	
Married, Single or Widowed	Married	Laborer				Garrett Co Md	
Name of Wife or Husband	Maria Dursh						
Father's Name	Miche Spiker		60-a		Father's Birthplace		
Mother's Maiden Name	Elizabeth Rhoads		108a		Mother's Birthplace		
Name of person giving information	Henry Witzgall 3		none		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	epileptic Spasm	How long	20 years
Immediate	Tuberculosis abscess	How long	8 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H L Evans
		Address	Grantsville Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jennings</i> <i>Town</i>		County <i>Garrett</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>June</i>	Day <i>12th</i>	Age <i>3</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth- place			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Name	
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Choleric diarrhoea

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. B. Landenbaugh
Granville
Ohio

Accident or Suicide?

